

Practice Information/Questionnaire Analysis

All of this information is received over a certified, secure server. All doctor personal and practice information is held in strict confidence.

How did you hear about my mentoring/consulting?

Full Name: _____ Age _____

E-Mail: _____

Address: _____

Phone: Office _____ Cell _____

Dental License: State _____ License # _____

Dental School Attended: _____

Graduation Date: _____

What do you hope to accomplish from my mentoring?

- Increase my net income.
- Increase my practice efficiency.
- Increase my number of new patients.
- Increase practice profitability.
- Take more time off.
- Increase my retirement contribution.
- Develop a highly profitable sustained hygiene department.
- Increase retirement contributions.
- Develop clinical efficiencies.
- Add associate.

Month

Year

Dentist Production: _____

Dentist Days Worked: _____

Hygiene 1 Production: _____

Hygiene 2 Production: _____

Hygiene 3 Production: _____

Hygiene Days Worked: _____

Clinic Mortgage Monthly Payment: _____ (Principal & Interest)

Clinic Property Taxes (annual): _____

Clinic Insurance (annual): _____

Year clinic built: _____

Vacation days per year: _____

of Dentists Employed: Full _____ Part-time _____ Hourly/% Production _____

of Hygienists Employed: Full _____ Part-time _____ Hourly/% Production _____

of Assistants Employed: Full _____ Part-time _____ Hourly/% Production _____

of Business Office Personnel: Full _____ Part-time _____ Salary/Hourly _____

Total Staff Overhead Percentage: _____

*Include payroll taxes, health insurance, staff retirement, uniform allowance, vacation/sick days, etc.

Please include a current month's P & L statement from your accountant along with the most current last year-end December P & L. I will be able to gain much insight by evaluating these numbers.

Please send a current fee schedule. When were your fees last raised? _____

What PPO insurances do you participate in? _____

Are you a Medicaid provider? Yes _____ No _____

Approximate % of gross collection from insurance patients? _____

What is your current procedure mix (by percentage)?

** Most dental software programs can provide you with the information.

Diagnostic: _____ %

Hygiene: _____ %

Crown & Bridge/Dentures, etc. _____ %

Oral Surgery: _____ %

Endo: _____ %

Routine Operative: _____ %

TOTAL Equals 100%

Number of New Patients per Month? _____

Approximate number of active patients seen within last 16 months? _____

Describe your current marketing: _____

Do you have a practice website? Yes _____ No _____

If Yes, website address: _____

Current Debt Load:	Monthly Payment	Interest %	Years To Pay Off
Home Loan Balance: _____	_____	_____	_____
Clinic Loan Balance: _____	_____	_____	_____
Auto Loan 1 Balance: _____	_____	_____	_____
Auto Loan 2 Balance: _____	_____	_____	_____
Auto Loan 3 Balance: _____	_____	_____	_____
Auto Loan 4 Balance: _____	_____	_____	_____
Student Loan 1: _____	_____	_____	_____
Student Loan 2: _____	_____	_____	_____

		Monthly Payment	Interest %	Years To Pay Off
Home Equity Loan:	_____	_____	_____	_____
Boat/Plane Loan:	_____	_____	_____	_____
Credit Card 1 Debt:	_____	_____	_____	_____
Credit Card 2 Debt:	_____	_____	_____	_____
Credit Card 3 Debt:	_____	_____	_____	_____
Credit Card 4 Debt:	_____	_____	_____	_____
Vacation Home Bal:	_____	_____	_____	_____
Rental Real Estate 1:	_____	_____	_____	_____
Rental Real Estate 2:	_____	_____	_____	_____
Any Other Debt:	_____	_____	_____	_____

Savings:

Non-retirement Savings: \$ _____ \$ _____ \$ _____
 (CDs, Money Mkts.,
 Stock & Bond Mutual
 Funds, MUNIS, etc.)

Kids' College Savings: \$ _____ \$ _____ \$ _____
 \$ _____ \$ _____ \$ _____

Cash Value Life Insurance: \$ _____ \$ _____ \$ _____

Term Insurance: Yes _____ No _____ If Yes, Amount: \$ _____

Whole Life Insurance: Yes _____ No _____ If Yes, Amount: \$ _____

Hybrid Life Insurance: Yes _____ No _____ If Yes, Amount: \$ _____
 (Universal)

Retirement Savings Total: \$ _____

401K Amount: \$ _____ Profit Sharing: \$ _____

Roth IRA: \$ _____

Simple IRA: \$ _____

Non-deductible IRA: \$ _____

Current FICA Score: _____

You have just completed one of the most extensive practice analysis questionnaires which will help me know exactly your financial and practice situation. If you choose not to complete this on line, we can do it during our get-acquainted phone consult. I very much look forward to helping you achieve your practice goals.